Insurance Assistance Plan Rebate Worksheet

National Drug Code	Drug Ingredient	Brand Name	Drug Strength	Drug Form Tablet/ Capsule/etc	Dispense Date	Units Purchased Quantity	Invoice Date	Claim Number	Amount Paid (Drug Only)	Payer Source (Insurance)	Amount Paid Co- Payment/ Deductable
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NOTES:

Invoice Date is the date you (IAP) are billed for the Co-payment or deductable.

Claim Number is a unique identifier each IAP coordinator should use to identify individual claims.

Amount Piad is the total cost of the drug only. This excludes dispensing fees, transaction fees, etc.

Payer Source may be any listed below or other: Provided a Co-payment and / or deductible is paid by IAP.

- Private Insurance funded by IAP
- Private Insurance "Not funded by IAP"
- Medicaid / Tenncare / Etc